

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
ON/PEN CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	✓ 5/3/05
2	✓ 6/25/05
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓ ✓ ✓
8	N N
9	N N
10	N N
11	N N
12	✓ ✓
13	✓ ✓
14	✓ ✓
15	✓ ✓
16	✓ O
17	✓ ✓
18	✓ ✓
19	✓ ✓
20	✓ ✓
21	✓ ✓ G
22	✓ ✓
23	✓ ✓
24	✓ ✓
25	✓ ✓
26	✓ O
27	✓ ✓
28	✓ N
29	N N
30	N N
31	N N
32	N N
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49	N N
50	N N

Claim	Date
51	✓ 6/25/05
52	✓ 6/25/05
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Claim	Date
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STAPLED COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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